

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date	
	Final	Original
12	8/31	9/3
21	8/31	1/4/27
24		
1	1	=
4	2	=
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21	21	3
22	22	3
23	23	3
24	24	
25	25	
26	26	
27	27	3
28	28	2
29	29	3
30	30	
31	31	
32	32	
33	33	
34	34	?
35	35	
36	36	
37	37	
38	38	2
39	39	2
40	40	2
41	41	2
42	42	
43	43	
44	44	
45	45	2
46	46	2
47	47	2
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## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) ..... Canceled
- ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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